

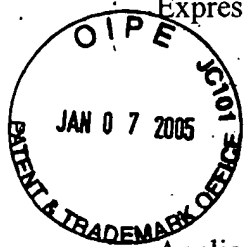
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ZIW AF/3628

Express Mail Label No.: EV458034366US

85CF-00114

PATENT



**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Messmer et al.

:

Serial No.: 09/737,629

:

Art Unit: 3628

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Filed: December 15, 2000

:

Examiner: Richard C. Fults

:

For: METHODS AND SYSTEMS  
FOR FINDING VALUE AND  
REDUCING RISK

:

:

:

**REQUEST FOR RECONSIDERATION AFTER FINAL**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Applicants respectfully request consideration and entry of the following remarks submitted in response to the Office Action dated October 8, 2004 and made final.



85CF-00114  
PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Messmer et al. :  
Serial No.: 09/737,629 : Art Unit: 3628  
Filed: December 15, 2000 : Examiner: Richard C. Fults  
For: METHODS AND SYSTEMS :  
FOR FINDING VALUE AND :  
REDUCING RISK :

**Mail Stop AF**  
**Commissioner for Patents**  
**P.O. Box 1450**  
**Alexandria, VA 22313-1450**

**TRANSMITTAL**

1. Transmitted herewith is:  
Transmittal (3 pgs., in duplicate); Request for Reconsideration After Final in response to Office Action dated October 8, 2004 (27 pgs.); Return post card

**STATUS**

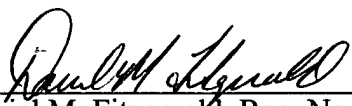
2. Applicant  
☐ claims small entity status.  
☒ is other than a small entity.

**CERTIFICATE OF MAILING BY EXPRESS MAIL TO  
THE COMMISSIONER FOR PATENTS**

**Express Mail Label No.: EV458034366US**

**Date: January 7, 2005**

I hereby certify that the documents listed above are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. §1.10 on the date indicated above in an envelope addressed to Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

  
\_\_\_\_\_  
Daniel M. Fitzgerald, Reg. No. 38,880

**EXTENSION OF TERM**

3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.

(complete (a) or (b), as applicable)

- (a) ☐ Applicant petitions for an extension of time under 37 C.F.R. 1.136  
(Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)

Extension for response within:	Other than small entity Fee	Small entity Fee (if applicable)
<input type="checkbox"/> first month	\$ 120.00	\$ 60.00
<input type="checkbox"/> second month	\$ 450.00	\$ 225.00
<input type="checkbox"/> third month	\$ 1,020.00	\$ 510.00
<input type="checkbox"/> fourth month	\$ 1,590.00	\$ 795.00
<input type="checkbox"/> fifth month	\$ 2,160.00	\$ 1,080.00
	Fee Due	\$

If an additional extension of time is required, please consider this a petition therefor.

(Check and complete the next item, if applicable)

- ☐ An extension of \_\_\_\_\_ months has already been secured. The fee paid therefor \$\_\_\_\_\_ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$

**OR**

- (b) ☒ Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

**FEE FOR CLAIMS**

4. The fee for claims (37 C.F.R. 1.16(b)-(d)) has been calculated as shown below:

	(Col. 1)		(Col. 2)	(Col. 3)	SMALL ENTITY		OTHER THAN SMALL ENTITY
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA	ADDITIONAL RATE FEE	OR	ADDITIONAL RATE FEE
TOTAL		MINUS		=	x \$9 = \$		x \$18 = \$0.00
INDEP.		MINUS		=	x \$44 = \$		x \$88 = \$0.00
— FIRST PRESENTATION OF MULTIPLE DEP. CLAIM					+ \$150 = \$		+ \$300 = \$
					TOTAL ADDITIONAL FEE \$	OR	TOTAL ADDITIONAL FEE \$

(a) ☒ No additional fee for Claims is required

**OR**

(b) ☐ Total additional fee for claims required \$

**FEE PAYMENT**

5. ☐ Attached is a check in the sum of \$

☐ Charge Deposit Account No. 01-2384 the sum of \$  
A duplicate of this transmittal is attached.

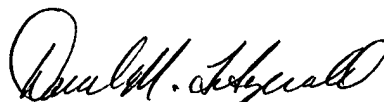
**FEE DEFICIENCY**

6. ☒ If any additional extension and/or fee is required, charge Deposit Account No. 01-2384.

**AND/OR**

☒ If any additional fee for claims is required, charge Deposit Account No. 01-2384.

7. ☐ Other:



Daniel M. Fitzgerald  
Reg. No. 38,880  
ARMSTRONG TEASDALE LLP  
One Metropolitan Square, Suite 2600  
St. Louis, MO 63102  
314/621-5070